

Erica Ntoh and Henry Okoro
Preceptors experience in preceptoring ELTDP
international nursing students in medical setting.

Helsinki Metropolia University of Applied Sciences
Degree

Degree Programme

Thesis

Date 16 November 2011

| | |
|--|---|
| Author(s) Title Number of Pages Date | Erica Ntoh and Henry Okoro Preceptors' experience in preceptoring ELTDP international nursing students in medical setting 33 pages + 1 appendix 16 November 2011 |
| Degree | Bachelor of Healthcare |
| Degree Programme | Healthcare and Nursing |
| Specialisation option | Nursing |
| Instructor(s) | Marianne Pitkälä, (Head of the Degree Programme in Nursing) Eila-Sisko Korhonen, (Lecturer) |
| <p>The purpose of this qualitative study was to explore the experiences of preceptors in mentoring English Language Taught Degree programme (ELTDP) international nursing students in clinical practice in medical setting. Five registered nurses (RNs) with minimum of three years' experience of preceptoring ELTDP international nursing students were interviewed. The interviews were digitally recorded and data from the interviews were transcribed verbatim then analyzed using inductive content analysis.</p> <p>There were four main categories that emerged from the data. The first was challenges/barriers to learning with generic categories such as communication, competency, lack of motivation, and stress and pressure. The second main category was profitable teaching style with generic categories: learning by doing, preceptor-preceptee relationship and motivation. The third and fourth main categories were external (nursing schools) and internal (wards) support respectively.</p> <p>Language skills, cultural differences, staff nurses' negative attitude towards students pose barriers to successful learning outcomes. Participants expressed that planning beforehand, creating a friendly environment for learning; assigning duties to students and open-mindedness are profitable teaching strategies.</p> <p>The need for preparatory courses for preceptors and more awareness of ELTDP international nursing students in the ward if a more successful learning outcome is to be achieved is recommended.</p> | |
| Keywords | preceptor, preceptee, preceptorship, intercultural mentoring |

Tiivistelmä

| | |
|--|---|
| Tekijat Otsikko Sivumäärä Aika | Erica Ntoh and Henry Okoro Preceptors' experience in preceptoring ELTDP international nursing students in medical setting 33 + 1 liite 16 Marraskuu 2011 |
| Tutkinto | Sairaanhoitaja AMK |
| Koulutusohjelma | Degree programme in Nursing |
| Suuntautumisvaihtoehto | Hoitotyö |
| Instructor(s) | Marianne Pitkälä, (Lehtori) Eila-Sisko Korhonen, (Lehtori) |
| <p>Tämä kvalitatiivinen tutkimus selvittää kansainvälisten sairaanhoitajaopiskelijoiden ohjaajien mentorointia kliinisessä sairaalaympäristössä.</p> <p>Tutkimusta varten haastateltiin viittä hoitajaa. Kaikilla haastatelluilla oli vähintään kolmen vuoden kokemus englanninkielisten opiskelijoiden ohjauksesta. Kaikki haastattelut nauhoitettiin, jonka jälkeen aineisto kirjoitettiin puhtaaksi. Litteroinnin jälkeen haastatteluaineisto analysoitiin induktiivisellä sisällysanalyysillä.</p> <p>Mentorointia koskevasta haastatteluaineistosta tuli esille neljä pääteemaa. Ensimmäinen näistä käsitteli oppimiseen liittyviä haasteita ja esteitä. Tällaisia olivat kommunikointiin liittyvät vaikeudet, motivaation puute, stressi, paine sekä ammatilliseen osaamiseen liittyvät ongelmat. Toinen tutkimuksessa esiin tullut teema liittyi päteviin opetusmenetelmiin. Tällaisina pidettiin tekemällä ja seuraamalla oppimista. Motivaatio oli myös keskeinen tekijä toisessa teemassa. Kolmas ja neljäs haastatteluista selvinneistä teemoista käsitteli hoitopäätösten sekä osastojen antamaa tukea.</p> <p>Haastattelujen tulosten mukaan onnistunutta oppimista estää kielitaito, kulttuurierot sekä ohjaavan sairaanhoitajan negatiivinen asenne opiskelijaa kohtaan. Kansainvälisiä opiskelijoita ohjaavien sairaanhoitajien mielestä oppimista voitaisiin parantaa usealla tavalla. Hyvän oppimistuloksen saavuttamiseksi suunnittelun täytyisi olla parempaa, oppimisympäristön ystävällisempi ja avoimempi sekä vastuutehtävien osoittamisen selkeämpää.</p> <p>Hyvän oppimistuloksen saavuttamiseksi kansainvälisiä sairaanhoitajaopiskelijoita ohjaaville henkilöille suositellaan tähän valmentavaa kurssia. Tällä tavalla voidaan saavuttaa hyvä oppimistulos.</p> | |
| Avainsanat | ohjaaja, harjoittelija, ohjaus, kulttuurien välinen ohjaus |

Content

| | | |
|----------|----------------------------------|-----------|
| 1 | 1 Introduction | 5 |
| 2 | 2 Literature review | 6 |
| 2.1 | Database Search | 6 |
| 2.2 | Definition of terms | 6 |
| 2.2.1 | Preceptor | 6 |
| 2.2.2 | Preceptorship | 6 |
| 2.2.3 | Preceptee | 6 |
| 2.3 | Earlier Studies | 7 |
| 2.3.1 | Preparation of preceptors | 7 |
| 2.3.2 | Preceptoring | 8 |
| 3 | Methodology | 10 |
| 3.1 | Participant | 10 |
| 3.2 | Inclusion criteria | 11 |
| 3.3 | Ethical considerations | 11 |
| 3.4 | Data collection method | 11 |
| 3.5 | Data analysis | 12 |
| 3.6 | Data analysis process | 13 |
| 4 | Findings | 14 |
| 4.1 | Challenges/barriers to learning | 14 |
| 4.1.1 | Communication | 14 |
| 4.1.2 | Competency | 15 |
| 4.1.3 | Lack of motivation | 16 |
| 4.1.4 | Stress and pressure | 16 |
| 4.2 | Profitable teaching style | 18 |
| 4.2.1 | Learning by doing | 18 |
| 4.2.2 | Preceptor-preceptee relationship | 18 |
| 4.2.3 | Motivation | 18 |
| 4.2.4 | Encouragement and support | 19 |
| 4.3 | External Support | 20 |
| 4.3.1 | Orientation | 20 |

| | |
|---|-----------|
| 4.3.2 Promoting conducive clinical learning environment | 21 |
| 4.4 Internal Support | 22 |
| 4.4.1 Enabling and equipping preceptors | 22 |
| 4.4.2 Student centeredness | 23 |
| 4.4.3 Promoting positive attitude | 23 |
| 5 Discussion | 24 |
| 5.1 Limitations | 26 |
| 5.2 Trustworthiness | 27 |
| 5.2.1 Credibility | 27 |
| 5.2.2 Transferability | 27 |
| 5.2.3 Dependability | 28 |
| 5.2.4 Confirmability | 28 |
| 6 Conclusion | 28 |
| REFERENCES | 30 |
| Appendices | |
| Appendix 1. Letter of Consent | |

1 Introduction

The number of foreigners living in Finland has increased within the last decade and immigration rate is estimated to keep on increasing (Statistics Finland 2008). There are over 500 study programmes taught in the English language at the Finnish higher institutes (Centre for international mobility 2011). Eleven Finnish Universities of Applied Sciences offer English Language Taught Degree Programme (ELTDP) in nursing for both domestic and international students. This program is geared towards training nurses who will be able to practice in international and multi-cultural nursing contexts and to meet the needs of the increasingly Finnish patient population in a culturally competent manner (CIMO 2011).

Practicing nurses play a significant role in student nurses' development (Duffy 2008:167). They help to integrate the students' theoretical knowledge and clinical practice skills. Smedley and Penney (2009:31) note that support for the nursing student's personal and professional development is provided by preceptors who through guidance, observation and supervision largely heighten the student's skills and problem-solving abilities. Similarly, Kerr (2007:1544) suggests that in providing support to the preceptee, the preceptor acts as a role model, an evaluator, a teacher and a structural support system.

Although nursing students undergo pre-clinical and simulation classes before going for clinical practice, this is still not enough to equate clinical practice in real settings.

In order to enhance preceptors' ability and create a more conducive environment for both the preceptors and the preceptees, it is necessary that the preceptors' experiences are explored. This study will seek to identify means of successful outcomes of preceptoring ELTDP international nursing students in a medical setting as well as the challenges encountered by preceptors in preceptoring these students.

2 Literature review

2.1 Database Search

The search for literature relevant to the study was conducted using manual and electronic databases which include Academic Search Elite, CINAHL, and Health Source: Nursing/Academic Edition, PubMed, and MEDLINE with full text and Science Direct. The following keywords were used: preceptor, preceptee preceptorship, international nursing students, preceptors' experiences, preceptors' perception, mentoring international nursing students and intercultural mentoring. Inclusion criteria included full text articles and publications which were relevant according to their title and /or abstract and were published during 2000-2010. They had to be English and Finnish publications and had to answer to the study questions.

2.2 Definition of terms

2.2.1 Preceptor

Registered nurses supervising students' clinical placement are referred to as preceptors. They aid nursing students in bridging the gap between knowledge learnt in school and the practical realities of a hospital setting (Murphy 2008:183). Lockwood-Rayermann (2003:32) defines preceptors as "clinically based nurses that agree to participate with nursing students in an effort to provide them with opportunities to reinforce their knowledge with clinical experience."

2.2.2 Preceptorship

The term preceptorship as used in this study is defined as an educational relationship that takes place within a definite time frame between preceptor and preceptee to provide a way of competent and supportive role model (Charleston & Happell 2005:304).

2.2.3 Preceptee

Preceptee as used in this study refers to nursing students in clinical practice under the supervision of a preceptor within a limited time frame.

2.3 Earlier Studies

The importance of the role of the preceptors cannot be overlooked. They are nursing role models to the students (Lock-wood 2003:32); they have the ability to enable students develop critical thinking skills, reasoning and self-evaluation (Cooke 1996:1284; Myrick & Yonge 2001:464). Others note the advantages of preceptorship to students. These include: the nurturing and socializing of the student to the role of a registered nurse; the opportunity for the student to discuss professional conflicts and student development of self-confidence (Chickerella & Lutz 1981 cited in Bailey and Myrick's Preceptorship: AIRL2008:259). Still, others consider preceptors as important in the nursing student's development of clinical competence (Letizia & Jennrich 1998:211-212).

However preceptorship has been described in the literature as stressful and time consuming (Bourbonnais & Kerr 2007:1547-1548; Liu, Lei, Mingxia & Haobin 2010:807; Huybrecht et al. 2011:276) as the preceptoring work is combined with patient care. *"I really want to closely supervise each of my students but there are too many things to be done. Besides looking after students, our unit doesn't reduce the routine work assigned to me though I am appointed to be a preceptor by the 'leaders'."* (Words of a preceptor found in Lui et al. 2010:806)

2.3.1 Preparation of preceptors

Requirements to undertake the role of a preceptor varies from country to country. Preceptors in the United Kingdom for example are expected to have a one year post-registration experience in the clinical area where the preceptorship is to take place, have a recognizable teaching and assessing qualification and must have completed a five study days and theoretical assessment course (McCarthy 2010:631). The NHS East England guideline in addition states that preceptors should hold regularly updated Mentorship in Public Service Certificate. In Australia, a clinical facilitator (CF) is required to have a five year post-registration experience, a degree status and a completed two-day seminar workshop on clinical teaching and assessment (Mallik & Aylott 2005:154). In Avondale, Australia a preceptor course program was commenced in

2004 and this trains 50 registered nurses yearly (Smedley & Penney 2009:32). In the United States and Canada, most colleges expect preceptors to have a degree status in nursing, a minimum of one year post-registration experience and to have completed a preceptorship preparation program that varies in length of hours from state to state (Altmann 2006:1).

Although there are no formal preceptorship courses in Finland, Salonen, Kaunonen, Meretoja and Tarkka (2007:799) recommends preceptorship programmes to promote systematic competence assessment.

Notwithstanding the implementation of preceptorship programmes worldwide studies exist to show that preceptorship programmes do not adequately clarify preceptors on their roles and responsibilities (Allen & Simpson 2000, Suen & Chow 2001:506). McCarthy (2006:633) reports that preceptors are not prepared sufficiently to undertake a preceptoring role.

2.3.2 Preceptoring

There has been a little understanding of the concept of preceptoring and its challenges for preceptors from the perspective of the preceptors. Liu et al. (2010:807) in their studies of the Macao clinical preceptors found out that mixed feelings of positive and negative experiences were felt by preceptors. The lived positive experiences of the preceptors include being respected by other colleagues, personal satisfaction and an improvement in their knowledge and skills (Liu et al. 2010:806). On the other hand, increase in workload, not having a formal recognition and finding it hard to be a model to the nursing students were the negative lived experiences of these Macao clinical preceptors (Liu et al. 2010:806). In the findings of Kerr (2006:1545-1547), preceptors amongst other things need time to create a supportive learning environment for nursing student as well as being supported by other staff nurses.

McCarthy and Murphy (2009:235-236) highlighted that preceptors expressed the need for both individual and organizational support structures and some recognition to enable them to handle the complexity and demanding nature of preceptoring. Yonge, Krahn, Trojan, Reid and Haase (2002) explore factors that contribute to promoting effective preceptorship. Analysis of data revealed that factors such as sufficient time,

workload management, use of space, monetary payment for preceptorship, preparation for the role, the one-to-one relationship and the learning environment promotes effective preceptorship.

Atkin and Williams (1995:1007) noted that developing a greater understanding of preceptoring from the preceptors' perspective is of importance in nursing practice particularly to hospital managers and nursing educators. Therefore, exploring the preceptors' experiences in tutoring ELTDP international nursing student during clinical practice as a focus of this study is of a great value.

Intercultural tutoring has been described by Koskinen and Tossavainen (2003:284) to be both a rewarding and discouraging experience. It is rewarding in the sense that it enhances the mentors' chances of following the students' increasing intercultural awareness as well as enabling the mentors to learn culturally different ways of life and nursing practices. It also enhances the mentors' training in foreign language skills (Koskinen & Tossavainen 2003:283). The negative experience was given by Lockwood-Rayermann (2003:36) to be time-consuming and stressfulness. Hallin and Danielson (2009:301) on their part stated that mentoring affects the daily work of the mentor.

Koskinen and Tossavainen (2003:284) observed that the negative experience, particularly when mentoring intercultural students, is most likely connected with the feeling of inability to assist the student's intercultural adjustments most particularly when the student is not matured and not internally motivated to cope with intercultural differences and language barrier. Communication barrier, cultural differences and lack of confidence on the part of the students were noticed by Bolderston et al. (2008:223) in the field of medical radiation.

In a similar vein, results from Myrick and Yonge's study (2001:465-466) shows that preceptors and staff play a crucial role to the development and promotion of critical thinking in the preceptorship experience. This is facilitated by an open, honest, caring and trusting environment in which students are free to explore and reflect on their work without fear of reprisal. Duffy (2008:173) noted that for preceptors to fulfill their role there is need for ongoing educational support. Developing an optimal atmosphere

for learning will be of a great benefit to the preceptor and the learner (Burns, Beauchesne, Ryan-Krause and Sawin 2006:182).

Relatively, many studies have been carried out on preceptoring from the students' and teacher's perspective. Students in a study by Cahill (1996:795) revealed that lack of openness from tutors makes them to be more anxious and increases their feelings of insecurity. Communication barriers such as vocabulary, difficulties in comprehension, lack of confidence, environmental challenges which include cultural differences, fitting in or not, neglect and being under-estimated are themes that emerged from a study carried out by Bolderston, Palmer, Flanagan and McParland (2008:217).

2.4 Purpose and study question

The purpose of this study was to explore the experiences of preceptors in preceptoring ELTDP international nursing students in clinical practice in medical setting. More particularly, the aim of the study was to identify potential challenges and barriers to learning and means of successful outcomes of preceptoring ELTDP international nursing students in a medical setting of Helsinki metropolitan area.

This study attempted to answer the following questions:

What are the challenges preceptors face in preceptoring ELTDP international nursing students in the Helsinki metropolitan area?

What are the barriers to clinical learning for international nursing students?

What could be successful strategies needed to support the clinical education of international nursing students?

3 Methodology

3.1 Participant

Purposeful sampling was used to select participants who had information and experiences relevant to the study topic. Five registered nurses (RNs) with minimum of three

years' experience of preceptoring ELTDP nursing students were interviewed. The RNs were Finns with the exception of one. The interview lasted for twenty five minutes on the average.

3.2 Inclusion criteria

Inclusion criteria for the study included those kinds of participants who were working in a medical ward within the Helsinki metropolitan area and had preceptored ELTDP international nursing students.

3.3 Ethical considerations

The demand for the protection of human subjects is associated with all research studies (LoBiondo-wood & Haber 2010:117). Data collection from participants is done in such a way that principles that respect and protect the participants from risk or harm is applied (Holloway & Wheeler 1996:39). Ethical considerations are issues that cover not only the safety of the participants but also their right and dignity (Holloway & Wheeler 2002:47). Participants for this study were contacted by email and on phone. They were informed about the purposes and the methods of the study and a copy of the consent form (appendix 1) together with the interview questions were emailed to them. They were also informed that they could refuse to participate or withdraw from the study at any time without sanctions (Holloway & Wheeler 2002:47). They were reassured about the confidentiality of their responses, their identity as well as their organizations.

3.4 Data collection method

The data was collected by semi-structured interviews. A semi-structure interview combines elements of structured and unstructured interview. It does not only allow interviewees to tell their stories in a narrative manner but also ask series of questions seeking clarification of response in details (Polit & Beck 2006:291).

The period of data collection lasted for three months from June through August 2011.

The five interviews took place in four different locations. Two of them took place in Metropolia University of Applied Sciences tukholmankatu campus while the rest took place at the home of the participants. The places were chosen by the participants. During the interview process, digital recorder was used to record the interview. The participants were asked to elaborate on statements and opinions; and terms as well as phrases were confirmed with the participants. Questions such as "Did you mean...?" "What do you mean by...?" "Does it mean therefore...?" were used several times during the interviews to ensure good understanding of their narratives. The recorded data was uploaded to the computer for a better sound quality. The data were transcribed to ease data analysis process. Five key questions were used as guides for the interview and these questions were generated deductively from the limited existing studies on preceptoring used in this study. The questions are:

- ❖ What are the challenges for you as a preceptor of ELTDP nursing student (s) in the clinical environment?
- ❖ Do you perceive any barriers to learning among the ELTDP student(s) in the clinical environment?
- ❖ Do you have an approach to teaching that worked for you?
- ❖ What action or method of teaching do you perceive benefits the ELTDP student(s) the most in the clinical environment?
- ❖ What could be strategies for successful outcome in the clinical environment?

3.5 Data analysis

The transcripts were analyzed through content analysis. The interview transcripts were carefully read, reread and deliberated upon several times in the search for meaning and understanding. Content analysis is the analysis of narrative data content in order to point out main themes (Polit and Beck 2006:497). This analysis method is suited to the study of people's view and experiences especially where there is only limited prior knowledge. Content analysis can be used inductively or deductively depending on the purpose of the study. The inductive approach is best suited to the study of people's view and experiences especially where there is only limited prior knowledge about the phenomenon (Lauri & Kyngäs 2005). Deductive approach is used when the analysis is based on prior knowledge and when the purpose of the study is theory testing (Kyngäs

and Vanhanen 1999). Inductive content analysis brings specific instances into a general statement while deductive content analysis moves from general statement to specific instance. In this study, a deductive approach was used to create the themes for the interview. Since there is limited prior knowledge about the topic, an inductive content analysis was used to code the data within each theme.

3.6 Data analysis process

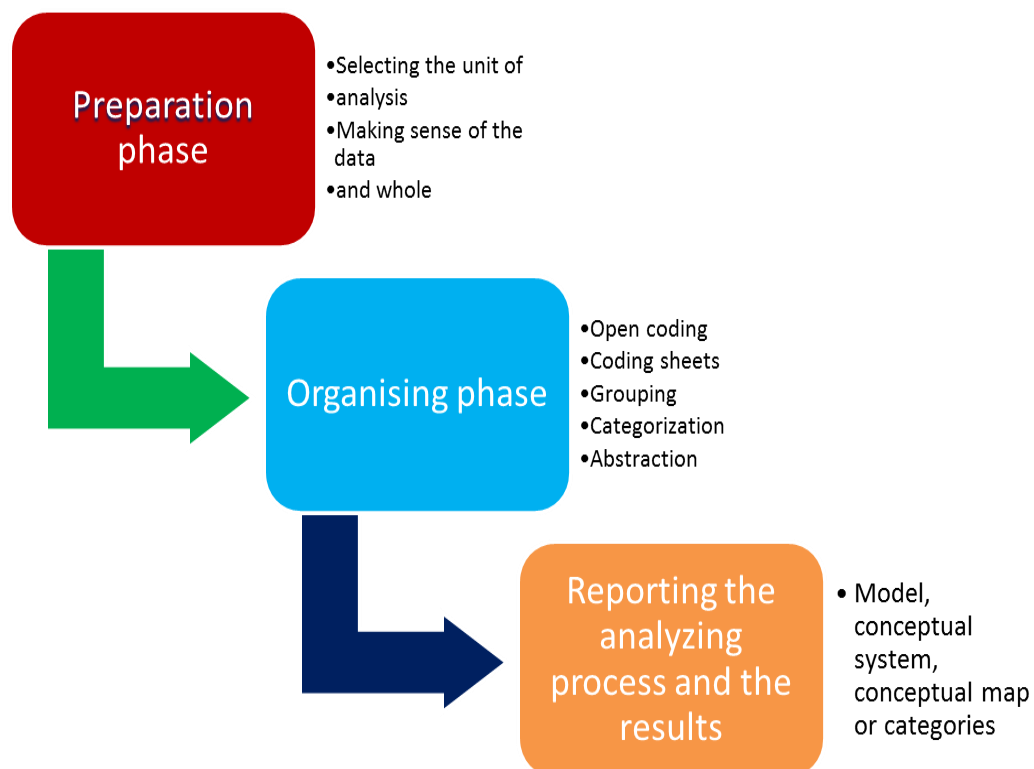


Figure 1: The inductive content analysis process: Adapted from Elo and Kyngäs 2008:110

The data from the interviews were transcribed verbatim then analyzed using inductive content analysis. The process involves open coding, creating categories and abstraction (Elo & Kyngäs 2007:107). Figure 1 represents a diagram showing the inductive content analysis process.

Audio tapes of the interview were transcribed verbatim during the months of June, July and August 2011. Notes and headings were written in the margin while reading the transcripts. The written material was read again and again and many headings as necessary that described the content were written down (Polit & Beck 2012:562, Holloway

& Wheeler 1996:149). Codes were formulated and 15 subcategories were generated from the codes. The emergent codes were critically reviewed to allow for different interpretations and to seek the most accurate representation of the responses. The lists of subcategories were grouped under higher headings of 11 generic categories (Grabeheim & Lundman 2004:108-109). These generic categories were unified to present the findings through 4 main categories with interpretative comments throughout.

4 Findings

Four main categories were generated from the narrated experiences of preceptors that have preceptored ELTDP international nursing students. These categories are: (1) challenges/barriers to learning, (2) profitable teaching style, (3) External support and (4) Internal support as illustrated in Tables 1, 2, 3 and 4.

4.1 Challenges/barriers to learning

Four generic categories are associated with challenges to learning as shown in table 1. These generic categories as expressed by the participants are communication, competency, lack of motivation and stress and pressure.

4.1.1 Communication

Cultural differences are seen as barrier to communication amongst ETLDP nursing students with staff and patients. One participant suggested that due to cultural differences it may not be possible to fully communicate with the students nor know what the student is thinking about:

"...niin että kulttuurisesti erot voivat luoda sitä, että ei pystytäkään kommunikoimaan eikä tiedetä sitä mitä opiskelijalla on mielessä, tai miten hän on tottunut tekemään hoitotoimia."

"...cultural differences can make communication impossible. So that we don't know what the student has in mind or how the student has accustomed to do nursing."

Another participant mentioned that the Somalis for instance prefer to take care of same sex patients:

"Somalit ovat esim.hirveän tarkkoja jotenkin siitä että nais.. mies potilaat eivät hyväksy kaikkia hoitajia, naisille on tärkeä että naishoitaja mukaan."

"Somalis, for example, are somehow very strict about the gender of the nurses, male patients do not approve all nurses and for a female patient it is important that there is a female nurse present."

Huge misunderstanding can arise from this cultural difference than with students from Finnish nursing programs as one participant puts it:

"...we have to ottaa huomioa and everything is not so clear..."

"...we have to take into consideration and everything is not so clear..."

Some participants expressed that language skill is a barrier to communication. There is difficulty in conversation between patients and some ELTDP nursing students that cannot speak good Finnish and this difficulty affects the students' learning in the clinical environment. 'Language is the most difficult thing among the students and the patients'.

4.1.2 Competency

Competency, as expressed by some participants as barrier to learning, are divided into two sub-categories, the first is entitled 'negative attitudes towards students'. Some participants believed that staffs are non-welcoming and not being open-minded towards nursing students. One participant captures this air of negative attitudes towards students in the following words: *"Am sure not every ward nurse, not every manager thinks [that students] are our future workers...some just think ok we are here now as you are here learn same time as you are learning you are taking part away of my main workers' time."*

The second sub-category was termed 'students' potential'. Preceptors seem to worry beforehand about how much the nursing students know already that is the students' theoretical background and practical skills. The preceptors worry about the students' ability to meet the challenges in the ward. One participant's expression is: *'First I want to know what is the students' skills of in theoretical level and in practical level...'*

Another participant puts it this way:

"... kuinka paljon heillä on pätevyyttä how much they can do everything and how much they know or something ...?"

"...how much competence do they have how much they can do everything and how much they know or something..."

4.1.3 Lack of motivation

Participants related that students' attitude toward achieving their goal in the clinical environment can either impair or foster their learning process. Lack of concentration, stress in getting work placement and students' wellbeing are some of the features that can lead to lack of motivation. One participant explained:

well I mean Finnish speaking students as well I mean if everything is right it's easy. But then sometimes if even you have the language in common but if you can't concentrate in your studies. If you are at home sick or your family circumstances are not right. Then I mean we think that if students come from abroad they can have these problems but we've had these problems also with Finnish students as well.

4.1.4 Stress and pressure

One of the participants stated that more time is spent with ELTDP students than Finnish students: *"that I might have to spend more time with the students we deal the things different I have less patients than them or we can't count the students like workers."* Another participant narrated that busy days are so demanding with students: *"So then of course you need extra time when you have students to explain everything*

and of course if you're not confident with your own language skills then sometimes I think that it's a main problem when we have foreign students."

However in the participant's ward, patient workload is divided so that the preceptor with students has slightly less patient-load but this is not always the case as reflected in the following example: *"because we try to every morning we sort of split the patients between the staff. So of course if you have a student who has only recently started then we try to look the patient load as well but sometimes it's just not possible really."*

Table 1. Main Category 1

| Main category 1 | Challenges/barriers to learning | | | | |
|--------------------|---|---|---|---|--|
| Generic category | Communication | Competency | | Lack of motivation | Stress and pressure |
| Subcategory | Language skills and cultural differences | students' potential | negative attitudes towards students | attitude towards learning | Time and workload |
| Codes | Language is the difficult thing among students and patients -Living in a foreign society | student's theoretical background -students' practical skills | non-welcoming -not being open-minded | lack of concentration from students -Students' well-being -Unwillingness to receive students -Stress in getting work placement | spend more time with students -busy days are so demanding with students |

4.2 Profitable teaching style

Participants identified methods of teaching they felt have benefited the ELTDP nursing students in the clinical environment. Findings show that learning by doing, preceptor-preceptee relationship and motivation are profitable teaching styles adopted by the participants as shown in table 2.

4.2.1 Learning by doing

Assigning duties to nursing students and allowing them to practice what they have been taught have been of a tremendous help not only to the nursing students but also to the preceptors as it create an avenue for evaluation as demonstrated by the following statement: *"...this is your [the student] patient try take this patient and do as much as possible, of course not in the first day. First week I try to tell him what to do... This is my own approach and this is the procedure in which I think the student can get the best."* Another participant remarks thus: *"first I learn to know student then after that I tell her or him how to do things then the student can do it with her him own style and then I accept it all and then I learn more."*

4.2.2 Preceptor-preceptee relationship

This style of teaching creates a friendly environment for learning and enables the preceptors to spend more time with the students thereby getting to know them and hence enhances a successful teaching. This is illustrated by one participant's comments:

At first I want to spend as much as possible time with the students as long as I can be assure that I can let her or he doing something by herself. but I think that's very important because in that time you can see or know the students and when you're sure that he or she manage a little by herself you can leave this reflex.

4.2.3 Motivation

Ethical behavior and encouragement, and support are two subcategories associated with motivation. Preceptors motivate ELTDP nursing students by meeting them as individuals and respecting their willingness to learn. *"I try to meet everybody as an individual and respect their wiliness to learn..."* this makes the nursing students to develop trust for the preceptor hence facilitating their learning process.

4.2.4 Encouragement and support

Participants highlighted how important it is to encourage and support nursing students especially when they are of foreign background. Open-mindedness, being there for the students and having a planned work before the arrival of the students are elements that support students in their learning process as demonstrated by the following statement: *"But I think when we discus with the individual student they, I hope at least I have felt that they have felt am very easy to approach and they have good thing open and tell when they have difficulty to learning they have opportunities to ask and ask again."*

Table 2. Main Category 2

| Main category 2 | Profitable teaching style | | | |
|------------------|---|--|---|--|
| Generic category | Learning by doing | Preceptor-preceptee relationship | Motivation | |
| Subcategory | Responsibility | Creating a friendly environment for learning | Ethical behavior | Encouragement and support |
| Codes | assign duties to nursing students -allow students to practice what has been taught | spend more time with students -Knowing the students | meeting students as individuals -respecting student's willingness to learn | Open-mindedness -approachable by student nurse -planning before hand |

4.3 External Support

4.3.1 Orientation

Most of the participants reported that giving a good theoretical background and a pre-knowledge of the ward (illustrated in table 3 below) to the student before the practice will enhance the students' ability to cope in the clinical environment as one participant explains:

I will think that if the school already given the student the basic information about the ward they are going to because of course is not enough let me explain that now this period is elderly care or this period is internal medicine and you believe that now you are going to a ward that just limit to internal medicine. If the school has already made the student to understand that this is what happens in that hospital in this ward that you are going then I think by then the student that is coming already will affiliated himself of what is happening there but if the school doesn't just say that this is the ward you are going to is just about internal medicine or elderly care or infants. It doesn't say anything. If the school can just explain to the student what the ward is all about of course when the student comes to the ward it is also the job of the tutor and the job of the ward nurse to tell that student where he or she is but I would think that before the student comes he's been given a pre knowledge of the ward.

The participants also expressed the need for organizing a preparatory course for preceptors in the schools as this will better prepare them for the preceptoring job as the following statement demonstrates:

I mean that maybe Metropolia and other colleges should start doing these tutor courses for nurses. like I did two courses in infectious diseases and gastroenterology in recent years in Arcada so I was just thinking that maybe mentoring students there should be such a course as well like i feel that in Finland mentoring students is not like acknowledged like they do in the UK. So it would be better if

you could do a course and it would be a motivation to the nursing staff as well and then of course there could be like some nurses feel that their English is not good enough and the course could of course include some studies in English as well

In addition to this, some participants found it useful to have a pre-knowledge of the students cultural background and skills prior to the clinical practice. This is evident in the following comments:

Yes I think that's it's very interesting to hear all of your background... just that we know how long you have studied and how what which places you have been and other practice places and for example how well you can mix the antibiotics because you're here for learn that.

4.3.2 Promoting conducive clinical learning environment

Most of the participants noted that if improvement is to be achieved, there is the need for nurse educators to have more correspondence with the ward and respond immediately when need arises as one participant notes: *"...if there is a problem, then I think then there need to be as many meeting that it needs."* Another participant comments in the following way:

"se että että opettajien kanssa syntyisi se niinku helpompi tapa ottaa yhteyttä. Eliikkä. Opettaja kävis ehkä vaikka ainakin vähintään sen kaks kertaa. Ja mieluummin ensimmäinen kerta siinä ihan alkuvaiheessa. Millon vois ku normaalisti se on se väliarviointi ja loppuarviointi. Ja väliarviointia ei välttämättä edes opettaja tule paikalle."

"there would be easier ways to keep contact with the teachers. We wish that the teacher would visit at the ward at least two times. And also so that the first time would be right at the beginning. So they could.... Normally they visit at mid evaluation and at the end evaluation. But they don't necessarily even visit at the time of mid evaluation."

One of the participants suggested that school should send the ELTDP international nursing students to the ward where staff can speak English.

Table 3. Main Category 3

| Main category 3 | External support | | |
|------------------|---|---|---|
| Generic category | Orientation | | Promoting conducive clinical learning environment |
| Subcategory | Foundation for practice | Additional knowledge | Responsibility from school |
| Codes | Good theoretical background Organization of tutor courses for nurses by the school | Pre-knowledge of the ward to students in school Introductory knowledge of students to the ward by the school | More correspondence from school Immediate response from school when needed Students go to wards where staff can speak English |

4.4 Internal Support

There were two generic category associated with internal support (table 4 below). The first is entitled 'encouragement' which is subdivided into two subcategories as explained below.

4.4.1 Enabling and equipping preceptors

The participants explained that the ward should give preceptors time to attend tutoring courses and if possible give monetary compensation to preceptors that can speak English to create incentive for the preceptors as stated here by one participant:

So of course yes there are nurses who can speak English but they're too embarrassed to speak so they say that they can't but they will when have to. But another point of view is that like you get money like 50euros is not a lot a bonus if you can speak Swedish but if you can speak English you don't get anything. Even we have patients and students and we really have to use English quite a lot so I think this should be brought up as well so maybe that will be a motivation to nurses to study more languages. We really have more international staff as well.

4.4.2 Student centeredness

Participants expressed the need for ward manager and staff nurses to be welcoming to students and make available English language booklets in the ward for the students to have a better understanding of how the ward functions. This is how two participants discussed this issue:

And eeheh well if there would be time I think the English version of the booklet for the student could be made for example at my unit so that it will be more easier for the student to read. Well I think the attitude is most biggest thing.

From my own perspective, I think it comes from the managerial the head nurse if the head nurse has told employees eeheh we are here to take students for practice this is what you have to do. This is what the law even not the law this is what ethics requires of you to be open-minded. So it start from the managerial if the managerial can give the workers that this is the guideline this is how it has to be that is the way in which the student will not feel oh am not been taken as an insider. In my own opinion it comes from the head nurse.

4.4.3 Promoting positive attitude

This second generic category under internal support discusses the re-orientation of staff nurses by creating awareness of the responsibilities of the clinical nurse in preceptoring and creating more awareness of ELTDP international nursing students in the ward. This is supported by the following statements made by two participants: *"First the support that would help the student is that for example the hospital will know that*

these are our future workers. Am sure not every ward nurse, not every manager thinks this."

Like to support to say to the unit that you should take and everybody should tutor all students and I think the ward sisters have a role because if they are suspicious they will not sign for ELTDP students. They will not accept them in their ward at all so they will not see the chance to show how brilliant they are. So you can come to know that the nurses cannot change their opinion if they don't get the chance to see.

Table 4. Main Category 4

| | | | |
|------------------|---|--|---|
| Main category 4 | Internal support | | |
| Generic category | Encouragement | | Promoting positive attitude |
| Subcategory | Enabling and equipping preceptors | Student centredness | Re-orientation of staff nurses |
| Codes | Give staff time to attend tutoring courses Monetary compensation | Ward manager and staff nurses to be welcoming to students Availability of English language booklets in the ward | Creating awareness of the responsibilities of the clinical nurse in preceptoring Creating more awareness of ELTDP nursing students in the ward |

5 Discussion

The experiences of preceptors' in preceptoring ELTDP international nursing students in a medical ward were focused on in this study. The study showed that learning by do-

ing, creating a friendly environment for learning, meeting students as individuals and open-mindedness are the elements for successful outcome in preceptoring ELTDP international nursing students. Assigning duties to nursing students after being taught was noted by the participants of this study as a key facilitator in enhancing the learning process of ELTDP international nursing students. By assigning duties to the nursing students, preceptors are able to evaluate how much the students have assimilated during the clinical practice. This is consistent with the findings of Carlson, Wann-Hansson & Pilhammar (2009:525) where giving students responsibility is done in three hierarchical manners based on their prior experiences.

Creating a friendly environment for learning facilitates preceptors teaching process despite the language barrier. This is evident in the fact that the preceptors spend more time with the students thereby providing an avenue to understand the students in terms of knowledge, skills and attitudes. An understanding of the students' theoretical and practical skills is important not only for ascertaining the students' ability to handle issues within the clinical environment but also for the preceptors to adjust their teaching techniques to fit the students' strengths and weaknesses. Moreover, developing an optimal atmosphere for learning will be of a great benefit to the educator and the learner. Creating a friendly environment for learning as a facilitator of teaching process is supported by O'Callaghan and Slevin (2003:125) and Liu, Lei, Mingxia and Haobin (2010:807).

Being open-minded and meeting the students as individuals were reported by most participants to be as methods of teaching that aided their teaching process. These create a forum for trust and security which are foundations for preceptor-preceptee relationship. Having an individualized student approach and being open-minded not only bring the preceptor and preceptee closer but also create a better understanding of each other.

This finding is also illustrated in the works of Carlson, Wann-Hansson and Pilhammar (2009:525) and Öhring and Hallberg (2000:31).

Earlier research has shown that a key source of barrier to learning achievement for many international nursing students is not having a good command of the local language (Davidhizar & Shearer 2005, Koskinen & Tossavainen 2003, Omeri, Malcolm,

Ahern and Wellington 2003). Some preceptors in this study also expressed that language barrier not only limits the international nursing students' involvement in nursing routines but also hinders the students' direct contact with patients. Surprisingly, none of the participants expressed the need for the provision of more intensive Finnish language courses by the nursing schools despite the fact that language difficulty emerged as a barrier to effective learning.

Apart from language barrier, other barriers such as level of competency, lack of motivation; and stress and pressure were revealed in this study. Competency as a barrier was not only associated with the students but also with the staff nurses. Most of the participants noted that there is a relationship between the students' theoretical background and how well they assimilate practical skills during the clinical training. It was also noted by the participants that professional incompetency among the nursing staff, reflected in negative attitude towards students, non-welcoming, and not creating space for learning, hinders the nursing students' learning process in the clinical setting.

The need for support both internally and externally was stressed by all the participants. The work of Huybrecht et al. (2010:276) also emphasized on this. External support which entails giving a sound theoretical foundation to the students, organizing preparatory courses for preceptors, more correspondence and immediate response from school when needed, and giving introductory knowledge of the students to the ward, were identified by the participants as the support needed from the school for a successful outcome in the clinical environment. Internal support such as encouragement, re-orientation of staff nurses, enabling and equipping preceptors, and promoting a positive attitude, were considered invaluable by participants.

5.1 Limitations

Few literatures exist on preceptorship in Finland and very few could be found on preceptors' experiences in preceptoring international nursing students. Also, the hand-picked participants in this study cannot be defended to be representatives of the entire ELTDP international nursing preceptors' population. The sample size of 5 used in this study and focusing on only Helsinki metropolitan limits the generalization of the find-

ings. Some of the participants were not fluent in English language as a result two interviews were conducted in both Finnish and English hence their understanding of the questions may have been impaired and the authenticity of some of the translated transcripts cannot be guaranteed. The proximity of the researchers to the phenomenon being studied and one of the participants being a nurse educator as well as a preceptor may have had some influence on the data collection process. Due to limited time, it was not possible to verify condensed meanings through member checking of the interpreted transcripts. However, the fact that the four main categories of findings emerged from the participants' common experiences and were consistent with the limited available studies, could throw open the door for further research.

5.2 Trustworthiness

In order to evaluate qualitative research for trustworthiness, four criteria are used. These are credibility, transferability, dependability, and confirmability (Polit & Beck 2012:745, Holloway & Wheeler 1996:163,). Trustworthiness tells how sound and adequate the methodology of qualitative research is (Holloway & Wheeler 2002:254).

5.2.1 Credibility

In this study of exploring the experiences of preceptors in preceptoring ELTDP international nursing students, semi-structure interview was used to collect the data. The participants had preceptored an average of 4 ELTDP international nursing students which made them to have enough background information to reflect upon their experiences with these students. The collected data was analysed using inductive qualitative content analysis. The main categories and generic categories that emerged from analysis of the data were linked to other existing studies.

5.2.2 Transferability

Though the participants selected had a general knowledge of the phenomenon and fulfilled the study needs, the transferability of the study is not defensible due to the

fact that it was carried out only in the Helsinki metropolitan region and the sample population was very little. However, the findings of the study could be of usefulness to University of Applied Sciences and medical wards in the Helsinki region who wish to achieve a successful learning outcome for ELTDP international nursing students.

5.2.3 Dependability

Measures were taken to ensure that the interviews took place in a calm and uninterrupted environment. The interview was recorded using a digital tape recorder and uploaded to the computer for a better sound quality which aided the transcription of the data. During the interview process, the participants were asked to elaborate on statements and opinions; and terms as well as phrases were confirmed with the participants. Questions such as "Did you mean...?" "What do you mean by...?" "Does it mean therefore...?" were used several times during the interviews to ensure good understanding of their narratives. In using inductive content analysis, a strong and logical structure was built which made the findings to be consistent and accurate. However, limited time could not permit member checks of the interviews with the participants.

5.2.4 Confirmability

Confirmability of the study was established by the development of audit trail as described below. As mentioned earlier, semi-structured interview was used for data collection. The data were digitally tape recorded and the transcribed narratives were read and reread several times. Significant statements and expressions that were appropriate to the research questions were written on a margin as codes to describe all aspects of the content. 15 subcategories emerged from the codes. These subcategories were analysed, 11 generic categories were generated and four main categories came up.

6 Conclusion

Though the transferability of the study is not defensible, the findings of the study could be of usefulness to University of Applied Sciences and medical wards in the Helsinki region for a successful learning outcome for ELTDP international nursing students.

Implications for nursing practice

In order to equip ELTDP international nursing students theoretically and practically to meet the needs of the increasingly Finish patient population in a culturally competent manner, it is necessary for nursing schools to collaborate with hospital wards to educate the preceptors not only in the teaching dimension but also in the attitudinal and behavioral dimensions. Financial remuneration for fluency in languages in addition to Finnish by hospital wards is recommended.

Implications for nursing schools

The emphasis of transcultural concepts in all nursing studies for a successful integration is needful. Since preceptors play a vital role in the training of student nurses as said earlier, then the need for preparatory courses for preceptors is strongly recommended. Due to the fact that language difficulty emerged as a barrier to effective learning, there is the need for nursing schools to make provisions for more Finnish language courses throughout the different levels of the nursing degree program. Further studies with stratified random sampling, exploring the experiences of preceptors in preceptoring ELTDP international students in Finland as a whole would have a ground for generalization, and is highly recommended.

REFERENCES

- Altmann, T. (2006) Preceptor selection, orientation and evaluation in baccalaureate nursing education. *International Journal of Nursing Education Scholarship* 3, 1-16.
- Atkins, S. and Williams, A. (1995) Registered nurses' experiences of mentoring undergraduate nursing students. *Journal of Advance Nursing* 21 (5), 1006-1015.
- Bolderston, A. et al. (2007) The experiences of English as second language radiation therapy students in the undergraduate clinical program: Perceptions of staffs and students. *Radiography* 14, 216-225.
- Bourbonnais, F.F. and Kerr, E. (2007) Preceptoring a student in the final clinical placement: Reflections from Nurses in a Canadian Hospital. *Journal of Clinical Nursing* 16, 1543-1549.
- Burns, C. et al. (2006) Mastering the Preceptor Role: Challenges of Clinical Teaching. *Journal of Pediatric Healthcare* 20, 172-183.
- Butterworth, T. and Faugier, J. (1992) *Clinical Supervision and Mentorship in Nursing* Chapman and Hall, London.
- Carlson, E., Wann-Hansson, C. and Pilhammar, E. (2009) Teaching during clinical practice: Strategies and techniques used by preceptors in nursing education. *Nurse Education Today* 29, 522-566.
- Charleston, R. and Happell, B. (2005) Coping with uncertainty within the preceptorship experience: the perceptions of nursing students. *Journal of Psychiatric and Mental Health Nursing* 12, 303-309.
- Cooke, M. (1996) Nursing students' perceptions of difficult or challenging clinical situations. *Journal of Advanced Nursing* 24, 1281-1287.

Duffy, A. (2008) Guiding students through reflective practice-The preceptors experiences. A qualitative descriptive study. *Nurse Education in Practice* (9), 166-175.

Elo, S. and Kyngäs, H. (2007) The qualitative content analysis process. *Journal of Advanced Nursing* 62(1), 107-115.

Graneheim, U. and Lundman, B. (2004) Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today* 24,105-112.

Hallin, K. and Danielson, E. (2009) Preceptoring nursing students: Registered Nurses' perceptions of nursing students' preparation and study approaches in clinical education. *Nurse Education Today* 30, 296-302.

Holloway, I. and Wheeler, S. (1996) *Qualitative Research for Nursing* Blackwell Science Inc.

Holloway, I. and Wheeler, S. (2002) *Qualitative Research in Nursing* 2nd ed Blackwell Publishing company.

Huybrecht, S. et al. (2011) Mentoring in nursing education: Perceived characteristics of mentors and the consequences of mentorship. *Nurse Education Today* 31,274-278.

Kerr, E. (2007) Preceptoring a student in the final clinical placement: reflections from nurses in a Canadian Hospital. *Journal of Clinical Nursing*, 1543-1549.

Kirkpatrick, H. et al. (1991) A collaborative model for the clinical education of baccalaureate students. *Journal of Advanced Nursing* 16, 101-107.

Kosikinen, L. and Tossavainen, K. (2003) Characteristics of intercultural mentoring-a mentor perspective. *Nurse Education Journal* 23, 278-285.

Kyngäs, H. and Vanhanen, L. (1999) Content analysis. *Hoitotiede* 11, 3-12.

Lauri, S. and Kyngäs, H. (2005) *Developing Nursing Theories (Finnish: Hoitotieteen Teorian Kehittäminen)*. Werner Söderström, Dark Oy, Vantaa.

Letizia, M. and Jennrich, J. (1998) Development and Testing of the Clinical Post-conference Learning Environment Survey. *Journal of Professional Nursing* 14(4), 206-213.

Liu, M. et al. (2010) Lived experiences of clinical preceptors: A phenomenological study. *Nurse Education Today* 30, 804-808.

Lockwood-Rayermann, S. (2003) Preceptor leadership style and Nursing Practicum. *Journal of Professional Nursing* 19 (1) 32-37.

Mallik, M. and Aylott, E. (2005) Facilitating practice learning in pre-registration nursing programmes-a comparative review of the Bournemouth Collaborative Model and Australian models. *Nurse Education in Practice* 5, 152-160.

McCarthy, B. (2006) Translating person-centered care: a case study of preceptor nurses and their teaching practices in acute care areas. *Journal of Clinical Nursing* 15 (5), 629-638.

McCarthy, B. and Murphy, S. (2010) Preceptors' experiences of clinically educating and assessing undergraduate nursing students: an Irish context. *Journal of Nursing Management* 18, 234-244.

Murphy, B.E. (2008) Positive Preceptoring: Preparation Can Reduce the Stress. *MED-SURG Nursing* 17(3) 183-188.

Myrick, F. and Yonge, O. (2001) Creating a climate for critical thinking in the preceptorship experience. *Nurse Education Today* 21, 461-467.

O'Callaghan, N. and Slevin, E. (2003) An investigation of the lived experiences of registered nurses facilitating supernumerary nursing students. *Nurse Education Today* 23, 123-130.

Omeri, A., Malcolm, P., Ahern, M. and Wellington B (2003) Meeting the challenges of cultural diversity in the academic setting. *Nurse Education in Practice* 3, 5-22.

Polit, D. and Beck, C. (2006) *Essentials of Nursing Research: Methods, Appraisal, and Utilization* 6th ed Lippincott Williams and Wilkins.

Polit, D. and Beck, C. (2012) *Essentials of Nursing Research: Methods, Appraisal, and Utilization* 9th ed Wolters Kluwer|Lippincott Williams and Wilkins.

Salonen, A H. et al (2007) Competence profiles of recently registered nurses working in intensive and emergency settings. *Journal of Nursing Management* 15, 792-800.

Smedley, A. and Penney, D. (2009) A Partnership Approach to the PREPARATION OF PRECEPTORS *Nurse Education Perspective* 30(1), 31-36.

Suen, L.K.P. and Chow, F.L.w. (2001) Students' perceptions of the effectiveness of mentors in an undergraduate nursing program in Hong Kong. *Journal of Advanced Nursing* 36(4) 505-511.

Yonge, O., Krahn, H., Trojan, L., Reid, D., and Haase, M. (2002) Being a preceptor is stressful!. *Journal for Nurses in staff Development* 18(1), 22-27.

NHS East of England General Practice Nursing Preceptorship & Assessment Booklet. Internet document.

<http://www.rcn.org.uk/_data/assets/pdf_file/0006/176298/preceptorship.pdf> read 5.10.2011.

Statistics Finland (2008) Internet document <http://www.stat.fi/index_en.html> read 11.11.2010.

CIMO (2011) internet document. < <http://www.cimo.fi/services/statistics>> read 11.11.2010.

Letter of Consent

Dear _____

We are final year students of the Degree programme in nursing at the Metropolia University of Applied Sciences. We are carrying out a study entitled 'Preceptors' experiences in mentoring English Language taught degree programme (ELTDP) international nursing students during clinical practice'. The purpose of this research is to explore the experiences of preceptors in mentoring ELTDP international nursing students in clinical practice in medical setting and to give suggestions for improvement to potential barriers.

Your participation in this study is voluntary. It will involve an interview of approximately 30 minutes in length to take place in a mutually agreed upon location, and outside of working hours. All information you provide is considered confidential, and neither you nor your background organization can be identified at any point of the study process. You are free to withdraw from the interview at any time. The interview will be audio recorded to facilitate collection of information, and later transcribed for analysis.

The results of the study will be published and a copy of the report may be found via Metropolis's library. Anonymous quotations may be used to illustrate the findings. There will be neither cost nor monetary compensation to you for your participation.

Although there may be no direct benefit to you for your participation, we hope that the results obtained from this study may enhance future preceptor-preceptee relationships.

This study is being carried out under the supervision of Marianne Pitkälä, head of the programme. Should you have any questions regarding the study process please contact us at:

henry.okoro@metropolia.fi or eirca.ntoh@metropolia.fi

Thank You

_____.